FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR:
UNIFORM LIMITED OFFERING EXEMPTION

	18/2	2	
•	OMB AP	PROVAL	
	OMB Number:	3235-0076	
	Expires:	April 30, 2008	
	Est h O70	049463	

Name of Offering (Deheck if this is an amendment and name has changed, and indicate change.) InnerWireless, Inc., Sale of Series D Preferred Stock, 14,226,100 shares	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	☐ Section 4(6) ☐ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) InnerWireless, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1155 Kas Drive, Suite 200, Richardson, Texas 75081	Telephone Number (Including Area Code) (972) 479-9898
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A	Telephone Number (Including Area Code) N/A PROCESSED
Brief Description of Business	
In-structure wireless telecommunications systems	APR 0 6 2007
Type of Business Organization Corporation Dimited partnership, already formed business trust limited partnership, to be formed othe	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year 9 8	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC IDE	ENTII	FICATION DATA				
Enter the information requeste Each promoter of the issue Each beneficial owner hav Each executive officer and Each general and managing	er, if the issuer has bee ring the power to vote I director of corporate	or dispose, or direct the issuers and of corporate	vote	or disposition of, 10%				
Check Box(es) that Apply:	Promoter	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)	· · · · · · · · · · · · · · · · · · ·		,			•	
Cantwell, Ed	unhar and Street Cit	v State 7:= Code						
Business or Residence Address (Nuccool InnerWireless, Inc., 1155 Kas		• •	101					
		·		E : 00"	_	D		
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠ ——	Executive Officer	Ш	Director		General and/or Managing Partner
Full Name (Last name first, if indiv McCoy, James W.	ridual)							
Business or Residence Address (Nu	umber and Street. Cit	v. State. Zin Code)		<u> </u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c/o InnerWireless, Inc., 1155 Kas			81					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or
D 11 N / / / / / / / / / / / / / / / / /								Managing Partner
Full Name (Last name first, if indiv	/idual)							
Robertson, Fred	10: 00:							
Business or Residence Address (Nu			.01	•				
c/o InnerWireless, Inc., 1155 Kas			181	<u> </u>	_			
Check Box(es) that Apply:	Promoter	Beneficial Owner	<u> </u>	Executive Officer	<u> </u>	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)							
Kimzey, Jackie								
Business or Residence Address (Nu	imber and Street, Cit	y, State, Zip Code)						
c/o InnerWireless, Inc., 1155 Kas	Drive, Suite 200, R	ichardson, Texas 750	81					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)						••	
Johnston, Don	1.0.00	n		·		 -		
Business or Residence Address (Nu		,						
c/o InnerWireless, Inc., 1155 Kas		-	81					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ц —	Executive Officer	⊠	Director		General and/or Managing Partner
Full Name (Last name first, if indiv Hull, Jr., David	ridual)							
Business or Residence Address (Nu	ımber and Street. Cit	v. State, Zin Code)			_			
c/o InnerWireless, Inc., 1155 Kas			81					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)							
Kang, Andrew								
Business or Residence Address (Nu		• •						
c/o InnerWireless, Inc., 1155 Kas	Drive, Suite 200, Ri	chardson, Texas 750	81					
	_							

Check Box(es) that Apply:	<u> </u>	Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if	individ	ual)								
Kairouz, Habib										
Business or Residence Addres	ss (Num	iber and Street	, City	, State, Zip Code)						
c/o InnerWireless, Inc., 115	5 Kas D	rive, Suite 20	0, Ric	chardson, Texas 750	180				•	
Check Box(es) that Apply:	I	Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if	individ	ual)								
Bussgang, Jeffrey	_									
Business or Residence Addres	ss (Num	ber and Street	, City	, State, Zip Code)						
c/o InnerWireless, Inc., 1155	5 Kas D	rive, Suite 20	0, Ri	chardson, Texas 750	081					
Check Box(es) that Apply:		Promoter		Beneficial Owner	☒	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if McCoy, Chris	`individ	uał)								
Business or Residence Addres	ss (Num	ber and Street	, Citv	, State, Zip Code)						
c/o InnerWireless, Inc., 1155	•			•						
Check Box(es) that Apply:	I	Promoter		Beneficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individ	ual)								
Braun, Darla										
Business or Residence Address	ss (Num	ber and Street	, City	, State, Zip Code)						
c/o InnerWireless, Inc., 1155	5 Kas D	rive, Suite 20	0, Ric	chardson, Texas 750	081					
Check Box(es) that Apply:	_ ı	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Michael Campbell	individ	ual)								
Business or Residence Addres	ss (Num	ber and Street	. City	, State, Zip Code)						
c/o InnerWireless, Inc., 1155			-	• •	081					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Sevin Rosen Funds	individ	ual)								
Business or Residence Addres	ss (Num	her and Street	City	State, Zin Code)					•••	
Two Galleria Tower, 13455	-		_							
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individ	ual)								
Technology Associates Man	agemen	t Co., Ltd.								
Business or Residence Addres	s (Num	ber and Street.	, City	, State, Zip Code)						
5052 Tennyson Parkway, Pl.	ano, Te	xas 75024								
		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or
	F									Managing Partner
										Managing Partier
Check Box(es) that Apply:										Managing Partier
Check Box(es) that Apply: Full Name (Last name first, if	individi	ual) ber and Street,	_	, State, Zip Code)						Managing Partier

Check Box(es) that Apply:	Prom	noter 🛚	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Massey Burch Capital Corp)								<u></u>
Business or Residence Addre	ss (Number :	and Street, City	y, State, Zip Code)						
1 Burton Hill Boulevard, St	iite 350, Nas	shville, Tenne:	ssee 37215						
Check Box(es) that Apply:	Pron	noter 🛚	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Centennial Ventures	f individual)								
Business or Residence Addre	ss (Number a	and Street, City	y, State, Zip Code)						
1428 15th Street, Denver, Co	olorado, 802	02							
Check Box(es) that Apply:	Prom	noter 🛚	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Columbia Capital	f individual)					_			
Business or Residence Addre	ss (Number a	and Street, City	y, State, Zip Code)			•			
201 N. Union Street, Suite 3	00, Alexand	ria, Virginia,	22314						
Check Box(es) that Apply:	Prom	ioter 🔯	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i IDG Ventures	f individual)								
Business or Residence Addre	ss (Number a	and Street, City	y, State, Zip Code)					••	
One Exeter Plaza, Boston, I		_							
Check Box(es) that Apply:	Prom	noter 🛛	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Investcorp Technology Part	iners								
Business or Residence Addre	ss (Number a	and Street, City	y, State, Zip Code)				-		
280 Park Avenue, 36th Floor	r, New York	, New York 1	0017						
Check Box(es) that Apply:	Prom	noter 🛚	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it HO2 Partners	f individual)		<u>-</u>						
Business or Residence Addre	ss (Number :	and Street, City	y, State, Zip Code)						
13455 Noel Road, Suite 167			•						
Check Box(es) that Apply:	Prom	noter 🛛	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	·	,				 		
Johnson Controls, Inc.									· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number a	and Street, City	y, State, Zip Code)						
5757 North Green Bay Ave	nue, PO Box	591, Milwau	kee, WI 53209						
Check Box(es) that Apply:	Prom	noter 🔲	Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								-
William Holman			 -						
Business or Residence Addre	ss (Number a	and Street, City	y, State, Zip Code)						
c/o InnerWireless, Inc., 115				_					
	<u></u>	Jse blank shee	t, or copy and use ad	ditiona	al copies of this sheet	, as no	ecessary)		

				B.	INFOR	MATION .	ABOUT OF	FERING				1 ¹ 11
1. Ha	s the issuer sold,	or does the i	ecuer intend t	o sell to no	n-accredited	invectore in I	his offering?	,			Yes	No ⊠
1. 114	s the issuer solu,	or does the i	ssuci intendi	=				ınder ULOE.		***************************************		
2. W	nat is the minimu	ım investmen	t that will be				-				\$	N/A
2 Da	aa tha affanina n	amais lains au	umanahin af a	العنس والمستم							Yes	No ⊠
	es the offering p ter the information	• •	•	•							. Ц	
ren	nuneration for so	licitation of p	urchasers in o	connection w	vith sales of s	ecurities in th	ne offering. I	f a person to l	e listed is ar	associated		
	rson or agent of a in five (5) person		•				-					
	aler only.					· · · · · · · · · · · · · · · · · · ·	_	_			_	
ruli Nan N/A	ne (Last name fir	rst, it individi	121)									
	or Residence A	ddress (Numl	ber and Stree	t, City, State	, Zip Code)			•				
Name of	Associated Brol	ker or Dealer										
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers	-				-		
(Chec	k "All States" or	check indivi	duals States)			•••••					☐ A	I States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[H1]	[ID]
[[]	[IN]	[Al]	{KS}	[KY]	[LA]	[ME]	[MD]	[[MA]]	[MI]	[MN]	[MS]	[MO]
[MT	'] (NE)	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last name fir	rst. if individu	ıal)				_					
						_			_			
Business	or Residence A	ddress (Numl	ber and Stree	t, City, State	, Zip Code)							
Name of	Associated Brol	ker or Dealer							· ·			
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Chec	k "All States" or	check indivi	duals States)	•••••		•••••		•••••••		••••••	□ A	I States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	(MI)	[MN]	[MS]	[MO]
[MT	") [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last name fir	rst, if individu	ual)									·····
Business	s or Residence A	ddress (Numl	ber and Stree	t, City, State	e, Zip Code)	,,,						
Name of	Associated Brol	ker or Dealer										
Ct-t !-	110.1 D		r.5. 1	L C-Y-	'. B							
	Which Person L k "All States" or							***	•••••		□ A:	I States
[AL] (AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
ເງເເງັ		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT	"] [NE]	[NV]	[NH]	[1/1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
			(Use t	olank sheet,	or copy and u	se additiona	I copies of th	is sheet, as n	ecessary)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	-	\$0
	Equity	\$5,999,999.93	\$ <u>5,999,999.93</u>
	Common Preferred		
	Convertible Securities (including warrants)		\$0
	Partnership Interests	· 	\$
	Other (Specify)		\$0
	Total	\$5,999,999.93	\$ <u>5,999,999.93</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	39	\$ <u>5,999,999.93</u>
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	· · · · · · · · · · · · · · · · · · ·	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees		\$50,000
	Accounting Fees		\$0
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$ <u> </u>
	Total	⊠	\$ 50,000

				OCEEDS	
	total expenses furnished in response to Par	gate offering price given in response to Part C - Question t C - Question 4.a. This difference is the "adjusted gross			\$ <u>5,949,999.93</u>
	the purposes shown. If the amount for any	gross proceeds to the issuer used or proposed to be used for purpose is not known, furnish an estimate and check the boents listed must equal the adjusted gross proceeds to the isabove.	x to the		
			Officers, I	ents to Directors & liates	Payments To Others
	Salaries and fees		🗆 \$	0	s 0
	Purchase of real estate			0	\$ 0
	Purchase, rental or leasing and installation		0	s 0	
	Construction or leasing of plant buildings	🗆 \$. 0	□ \$ <u>0</u>	
	Acquisition of other businesses (including	the value of securities involved in this offering that may	be		_
	used in exchange for the assets or securitie	es of another issuer pursuant to a merger)	🗀 \$	0	S0
	Repayment of indebtedness		s	0	\$ 0
	Working capital		🗆 \$	0	\$ 5,949,999.93
	Other (specify):		S	0	\$ 0
	Column Totals		🗆 \$	0	\$ \$.5,949,999.93
	Total Payments Listed (column totals	s added)		⊠ \$ <u>5,94</u>	9,999.93
		D. FEDERAL SIGNATURE			
ındei		by the undersigned duly authorized person. If this notice is fities and Exchange Commission, upon written request of its Rule 502.			
	er (Print or Type)	Signature	Date		
	Wireless, Inc. e of Signer (Print or Type)	Title of Signer (Print or Type)	March 26, 200	7	
vam	antwell	President			

	E. STATE SIGNATURE								
Is any party described in 17 C	CFR 230.262 presently subject to any of the disqualification provisions of such rule	Yes No □ ⊠							
	See Appendix, Column 5, for state response.								
2. The undersigned issuer hereb 239,500) at such times as requ	by undertakes to furnish to any state administrator of any state in which this notice is uired by state law.	filed, a notice on Form D (17 CFR							
The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
	sents that the issuer is familiar with the conditions that must be satisfied to be entitle ate in which this notice is filed and understands that the issuer claiming the availabilions have been satisfied.	-							
The issuer has read this notification authorized person.	n and knows the contents to be true and has duly caused this notice to be signed on	ts behalf by the undersigned duly							
Issuer (Print or Type)	Signature 0 0 Date								
InnerWireless, Inc.	Zel Clubwell March 26,	2007							
Name of Signer (Print or Type)	Title of Signer (Print or Type)								
Ed Cantwell	President								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3			4			
	non-acc inves	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (If yes, attach explanation of waiver granted (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		х							
AK		х							
AZ		Х							
AR		Х					7.11		
CA		х	Series D Preferred Stock	2	\$4,612.79				
			\$4,612.79						
CO		X	Series D Preferred Stock	2	\$280,294.95	0	0		X
- Cr	 		\$280,294.95						<u> </u>
CT		X		 -					<u> </u>
DE DC		X						<u> </u>	
FL	 	X					<u>.</u>		
GA	<u> </u>	X		_ -					ļ
HI	 	X							 -
ID		x			<u> </u>				<u> </u>
IL		х							 - -
IN		Х	 						
IA		Х							
KS		х	.,,						
KY		Х							
LA		Х							
ME		Х							
MD		Х							
MA		х	Series D Preferred Stock	1	\$1,136,464.80	0	0		x
N.C.			\$1,136,464.80						
MI MN		X							,
		X							
MS		X							1 1

1		2	3			5				
	non-acc inves	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)	
a				Number of Accredited		Number of Non-Accredited				
State MO	Yes	No X	Series D Preferred Stock	Investors	Amount	Investors	Amount	Yes	No	
MT		X			 					
NE		X			 				-	
NV		X							 	
NH		х		<u> </u>					 	
NJ	-	Х							-	
NM		х						<u> </u>		
NY		х	Series D Preferred Stock \$1,683,234.04	6	\$1,683,234.04	0	0		х	
NC		х	Series D Preferred Stock \$3,654.97	1	\$3,654.97	0	0		х	
OH		Х								
OK		х								
OR		Х								
PA		х								
RI		х								
SC		х								
SD		х								
TN .		х	Series D Preferred Stock \$391,876.20	1	\$391,876.20	0	0		, x	
TX		х	Series D Preferred Stock \$1,448,373.59	23	\$1,448,373.59	. 0	0		х	
UT	-	X	,,						-	
VT	 -	X							1	
VA		х	Series D Preferred Stock	2	\$1,051,488.59	0	0		х	
3774			\$1,051,488.59						<u> </u>	
.WA	_	X							<u> </u>	
WI	<u> </u>	X							<u> </u>	

1	2	3	. 4	5
	Intend to sell to non-accredited investors in State (Part B-Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and amount purchased in State (Part C-Item 2)	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)
WY	x			.
PR	Х			

END